

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE J		PAGE OF PAGES 1 39	
2. AMENDMENT/MODIFICATION NO. P00006		3. EFFECTIVE DATE 10-Apr-2020		4. REQUISITION/PURCHASE REQ. NO. SEE SCHEDULE		5. PROJECT NO.(If applicable)	
6. ISSUED BY CODE NAV/SUP FLC JACKSONVILLE CONTRACTS DIV VANESSA RODGERS 110 YORKTOWN AVE, 3RD FLOOR JACKSONVILLE FL 32212-0097		CODE N68836		7. ADMINISTERED BY (If other than item 6) CODE See Item 6			
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) CHANDLER & CAMPBELL INVESTMENT GROUP, L CHANDLER AND CAMPBELL GROUP, THE DARRELL SEARCY 310 VIZCAYA DR PALM BEACH GARDENS FL 33418-1731				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				X 10A. MOD. OF CONTRACT/ORDER NO. N6883617P0857			
				X 10B. DATED (SEE ITEM 13) 01-Oct-2017			
CODE 51EU7		FACILITY CODE 51EU7					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
X D. OTHER (Specify type of modification and authority) Unilateral Modification Pursuant to DFARS 252.237-7023							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) Modification Control Number: nbzvr01207973 SERVICES: Health Care Data Analyst, Marketing Analyst, and Information Analyst Support Services, Naval Hospital, Pensacola, FL. Due to the 2019 Novel Coronavirus (2019-cNov) the purpose of this modification is to incorporate DFARS 252.237-7023 and Health Protection Contingency Plan (HPCON) into the subject contract. 1. Pursuant to Defense Federal Acquisition Regulation Supplement (DFARS) 252.237-7023 – Continuation of Essential Contractor Services (Oct 2010), PWS paragraph 13.1.5.12 has been added to incorporate a Health Protection Contingency Plan (HPCON); this plan corresponds to the increased risks to members of the Navy family and the community, from the spread of an influenza virus or infectious disease representing elevated risks of morbidity and mortality. Refer to summary of changes for detailed information. All other terms and conditions remain unchanged. Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) CLARICE L. POITIER / CONTRACT SPECIALIST			
				TEL: 904-542-1166 EMAIL: clarice.poitier@navy.mil			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY <i>Clarice Poitier</i> (Signature of Contracting Officer)		16C. DATE SIGNED 10-Apr-2020	

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION SF 30 - BLOCK 14 CONTINUATION PAGE

The following have been added by full text:

252.237-7023 CONTINUATION OF ESSENTIAL CONTRACTOR SERVICES (OCT 2010)

(a) Definitions. As used in this clause-

(1) Essential contractor service means a service provided by a firm or individual under contract to DoD to support mission-essential functions, such as support of vital systems, including ships owned, leased, or operated in support of military missions or roles at sea; associated support activities, including installation, garrison, and base support services; and similar services provided to foreign military sales customers under the Security Assistance Program. Services are essential if the effectiveness of defense systems or operations has the potential to be seriously impaired by the interruption of these services, as determined by the appropriate functional commander or civilian equivalent.

(2) Mission-essential functions means those organizational activities that must be performed under all circumstances to achieve DoD component missions or responsibilities, as determined by the appropriate functional commander or civilian equivalent. Failure to perform or sustain these functions would significantly affect DoD's ability to provide vital services or exercise authority, direction, and control.

(b) The Government has identified all or a portion of the contractor services performed under this contract as essential contractor services in support of mission-essential functions.

(c)(1) The Mission-Essential Contractor Services Plan submitted by the Contractor, is incorporated in this contract. **No separate plan is required as services are Mission Essential as determined by each HPCON levels listed in para 13.1.5.12 of the PWS.**

(2) The Contractor shall maintain and update its plan as necessary. The Contractor shall provide all plan updates to the Contracting Officer for approval.

(3) As directed by the Contracting Officer, the Contractor shall participate in training events, exercises, and drills associated with Government efforts to test the effectiveness of continuity of operations procedures and practices.

(d)(1) Notwithstanding any other clause of this contract, the Contractor shall be responsible to perform those services identified as essential contractor services during crisis situations (as directed by the Contracting Officer), in accordance with its Mission-Essential Contractor Services Plan.

(2) In the event the Contractor anticipates not being able to perform any of the essential contractor services identified in accordance with paragraph (b) of this clause during a crisis situation, the Contractor shall notify the Contracting Officer or other designated representative as expeditiously as possible and use its best efforts to cooperate with the Government in the Government's efforts to maintain the continuity of operations.

(e) The Government reserves the right in such crisis situations to use Federal employees, military personnel, or contract support from other contractors, or to enter into new contracts for essential contractor services.

(f) Changes. The Contractor shall segregate and separately identify all costs incurred in continuing performance of essential services in a crisis situation. The Contractor shall notify the Contracting Officer of an increase or decrease in costs within ninety days after continued performance has been directed by the Contracting Officer, or within any additional period that the Contracting Officer approves in writing, but not later than the date of final payment under the contract. The Contractor's notice shall include the Contractor's proposal for an equitable adjustment and any data supporting the increase or decrease in the form prescribed by the Contracting Officer. The parties shall negotiate an equitable price adjustment to the contract price, delivery schedule, or both as soon as is practicable after receipt of the Contractor's proposal.

(g) The Contractor shall include the substance of this clause, including this paragraph (g), in subcontracts for the essential services.

(End of clause)

SECTION SF 1449 - CONTINUATION SHEET

The following have been modified:

PWS

PERFORMANCE WORK STATEMENT (PWS)
HEALTH CARE DATA ANALYST, MARKETING ANALYST, AND
INFORMATION ANALYST SUPPORT SERVICES
NAVAL HOSPITAL IN PENSACOLA, FL

SECTION 1

1.1. SCOPE OF WORK.

1.1.1. The Contractor shall provide the necessary level of health care data analyst, marketing analyst and information analyst support services required to facilitate the overall objectives of the Naval Hospital in Pensacola (NAVHOSPPNCLA) as well as its subordinate Branch Health Clinics (hereafter referred to as "the MTF").

1.1.2. The Contractor shall provide the support services for Health Care Data Analyst, Marketing Analyst, and Information Analyst to perform the work delineated herein.

1.1.3 It is essential that continuity of services be maintained to the maximum degree possible; therefore, substitution of contract employees shall be kept to the absolute minimum necessary to perform the services required and to provide adequate back-up personnel.

1.1.4. The Government will appoint a Contracting Officer Representative (COR) to coordinate with the Contractor on matters of technical interpretation and compliance. Furthermore, the appointment is organizationally located within the Health Care Operations Department. The MTF's Health Care Operations Department Head will provide a Project Manager to assist the Contractor with technical guidance regarding the appointment process and equipment.

1.2. **INDEPENDENT CONTRACTOR.** The services rendered by the Contractor are rendered in the capacity of an independent Contractor. The Government will evaluate the quality of services for purposes of contract inspection and acceptance. The Contractor shall be solely responsible for any and all liability caused by the acts

or omissions of its agents or employees. The Contractor shall not in any manner represent or infer that it is an instrument or agent of the United States Government. The Contractor shall recognize that the Commander maintains administrative and operational responsibility for all activities within the Command and may take such actions as necessary to preserve and maintain the integrity of the Command, subject to the limitations prescribed by law and U.S. Navy Regulations.

1.3. MODIFICATIONS. The Contracting Officer will designate and authorize an individual to act as the COR. The aforementioned representative will be specifically designated by an appointment letter from the Contracting Officer. The COR exclusively represents the Contracting Officer in all technical phases of the work, but is not authorized to issue Change Orders, Supplemental Agreements, or direct any contract performance requiring contractual modification or adjustment. Changes in the scope of work can only be made by modification properly executed by the Contracting Officer. All observations made by persons other than the Contracting Officer or the COR are strictly advisory and shall not influence the Contractor's operations except for administrative requirements and responsibilities specified herein.

1.4. QUALITY OF SERVICE. The Contractor shall adhere to and comply with all Department of Navy, Bureau of Medicine and Surgery and MTF Instructions and Notices, which may be in effect during the term of the contract. In all cases, the dignity of the patient will be given the highest regard, and the precepts of the MTF "Bill of Rights for Patients" shall be observed. The Contractor shall adhere to all applicable privacy and security requirements of the Health Insurance Portability & Accountability Act (HIPAA). (Attachment II)

1.5. PERFORMANCE IMPROVEMENT (PI) PROGRAM. The Contractor shall follow and participate in the existing MTF PI program. A copy of the MTF PI Program plan may be obtained from the COR upon the initiation of contract performance.

1.6. QUALITY CONTROL PROGRAM (QCP). The Contractor shall establish, submit for Government approval, and implement a QCP, as outlined in Section 5.7. The Contractor's QCP shall be compatible with the MTF's QCP.

1.7. The Contractor shall maintain a copy of this contract, a current QCP, and MTF's PI Plan at all times. Contract employees shall read, be familiar with, and implement the contract, including the technical proposal, Quality Control Program, MTF PI Plan, and any revisions thereto.

SECTION 2 – DEFINITIONS

COMMANDING OFFICER. The individual Naval Officer who has responsibility for the operation of the military treatment facility at which contract services are being performed.

COMPOSITE HEALTH CARE SYSTEM (CHCS). A fully integrated information system supporting the functions of the MTF. The system supports order entry and results reporting, administration, quality assurance, resource management, as well as mobilization and mass casualty. System upgrades periodically occur.

CONTRACTING OFFICER. The Government employee with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings. The term includes certain authorized representatives of the Contracting Officer acting within the limits of their authority as delegated by the Contracting Officer.

CONTRACTING OFFICER'S REPRESENTATIVE (COR). The Government employee responsible for assuring Contractor performance through audit, documentation, and liaison with the Contracting Officer. The COR is appointed in writing by the Contracting Officer. The COR has no authority to resolve disputes or obligate funds.

CONTRACTOR. That entity or its representative responsible for the delivery of the services or materials specified in this contract, as designated by contract award.

CONTRACTOR EMPLOYEE. A person employed by or under contract to the Contractor to provide required

services under this contract.

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS). A Congressionally mandated program established to improve the control and distribution of available Uniform Service Benefits, to improve the projection and allocation of costs for existing and future benefits programs, and to minimize the fraudulent use of benefits by unauthorized persons. The system is composed of two phases: (1) enrolling all active duty and retired service members, their dependents, and the dependents of deceased service members; and (2) verifying their eligibility for healthcare benefits in the direct care facilities.

EMPLOYEE. See Contractor Employee.

JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JOINT COMMISSION). A national organization dedicated to improving the care, safety, and treatment of patients in healthcare facilities; publishers of the Joint Commission Accreditation Manual for Hospitals and the Ambulatory Healthcare Standards Manual.

KEY PERSON. Skilled and experienced professional and/or technical person whose skills are essential for successful accomplishment of the work to be performed under this contract.

MILITARY TREATMENT FACILITY (MTF). Unless otherwise specified, "the MTF" refers to the Naval Hospital at which services are being performed under this contract. The MTF includes all activities providing outpatient and/or inpatient health services for eligible beneficiaries.

PERFORMANCE IMPROVEMENT. Ongoing activities designed to objectively and systematically evaluate the quality of patient care and services, identify and pursue opportunities to improve patient care and services, and resolve identified problems.

QUALITY ASSURANCE (CONTRACT). Those actions taken by the Government to check goods or services to determine that they meet the requirements of the contract.

QUALITY CONTROL (QC). Those actions taken by a Contractor to control the provision of services so that they meet the requirements of the contract.

SECTION 3 - GOVERNMENT EQUIPMENT AND SERVICES FURNISHED

3.1. GENERAL. The Government will provide, without cost, the facilities, equipment, supplies, and services listed below. Government equipment furnished shall be for use only in the performance of this contract. The Government will provide routine scheduled preventive maintenance of Government equipment furnished in accordance with MTF instructions. Upon the Contractor's request, the Government will provide repairs of Government equipment furnished in accordance with MTF instructions.

3.2. FACILITIES. The Government will furnish the buildings/areas (facilities) and the Appointing area will be provided with appropriate workstation furniture.

3.2.1. No alterations to the facilities shall be made without specific written permission from the Commanding Officer and Contracting Officer. At the time of contract completion or termination, the Contractor shall return the facilities in the same condition (quality and quantity) as received, fair wear and tear excepted.

3.2.2. The Government will furnish, without charge to the Contractor, utilities from existing sources, for example, water, electricity, steam, and sewage necessary for normal daily operations.

3.3. EQUIPMENT AND SUPPLIES

3.3.1. The Government will provide the software to be used to pull data from various databases, generate reports, and other required software deemed necessary for the completion of the tasks referenced herein. The Government

will maintain the system's hardware and software.

3.3.2. The Government will provide a laser printer, shredder, and Internet email access capabilities if utilized for administrative and reporting purposes.

3.3.3. The Government will provide consumable supplies for accomplishment of appointment requirements.

3.3.4. If the Contractor deems that additional equipment or supplies are required to perform the services, the Government will consider requests for such additional equipment/supplies. However, approval by the Government of requests for additional equipment or supplies will be contingent on available funds, in accordance with MTF's mission, and the approval of the Commanding Officer via the COR. Denials of requests for additional equipment/supplies and/or delays in acquiring any additional equipment/supplies shall not be cause for Contractor nonperformance or claims under this contract.

3.4. PERIOD OF PERFORMANCE

3.4.1 The period of performance will be a twelve-month base period commencing on 1 October 2017 and continuing through 30 September 2018, plus four (4), one-year, option periods totaling a performance period of sixty (60) months if all options are exercised. The solicitation and resultant contract will also contain FAR Clause 52.217-8, Option to Extend Services, thereby allowing a six month extension if circumstances necessitate this option.

Base Period of Performance:	1 Oct 2017 – 30 Sept 2018
Option Period I:	1 Oct 2018 – 30 Sept 2019
Option Period II:	1 Oct 2019 – 30 Sept 2020
Option Period III:	1 Oct 2020 – 30 Sept 2021
Option Period IV:	1 Oct 2021 – 30 Sept 2022
FAR 52.217-8; 6 months	1 Oct 2022 – 31 Mar 2023

3.5. SERVICES.

3.5.1. The Government will provide station, local, long distance, and Defense Switching Network (DSN) telephone services for official use only. Official use does not include: Administrative communications between Contractor employees on-site and the corporate headquarters. The Contractor shall be responsible for reimbursement to the MTF for the costs of all unauthorized communications. The Government will provide the Contractor with a phone line for which the Contractor can establish their own account and the Government will provide the telephone.

3.5.2. The Government will provide refuse collection and insect/rodent control services.

3.5.3. The Government will provide security police and fire protection.

3.5.4. The Government will provide motor vehicle decals and personnel identification cards for all Contractor employees to be used in accordance with MTF policy.

3.5.5. The Government will provide intrahospital distribution of mail and will provide outgoing mail services for official correspondence such as patient notification(s) of appointment for consult.

3.5.6. The Government will provide housekeeping and custodial services. Routine custodial services include emptying of trash, sweeping, mopping and vacuuming. Custodial services does not include cleanup of personal items in eating or refreshment areas.

3.5.7. A photocopying machine is available for official use only. Access to disposal bins for patient sensitive information will be provided. The Contractor will adhere to all established HIPPA policies and procedures.

3.5.8. Patient Contact System. The MTF has an established patient contact system, which is available to any beneficiary receiving service under this contract. All patient compliments and complaints will be reviewed by the MTF's Customer Relations Department and forwarded via the MTF review process to the Commanding Officer.

SECTION 4 - CONTRACTOR FURNISHED ITEMS

4.1. SUPPLIES. The Contractor shall furnish all supplies, except those listed as Government equipment/services furnished, required to perform the services described in this contract.

4.2. INSURANCE.

4.2.1. The Contractor shall comply with the Workers' Compensation Insurance Laws of Florida.

SECTION 5 - SPECIFIC TASKS

5.1. The Contractor employees shall provide Healthcare Data Analyst, Marketing Analyst, and Information Analyst services at the MTF and beneficiaries. The Contractor employees providing services shall perform a variety of duties in support of the MTF and beneficiaries. In performance of these duties, the Contractor and its employees shall follow Department of Defense (DoD), Bureau of Medicine (BUMED), NAVY, MTF, and Joint Commission procedures and provisions.

5.1.1. The Contractor shall complete all necessary steps to assist each contract employee in obtaining documentation required to obtain access to the MTF. Prior to contract performance, the Contractor must obtain a local criminal record check for all Contractor employees who will be performing services at the MTF. A copy of the completed local criminal record check and completed Standard Personnel Management System (SPMS) worksheets must be provided to the COR seven (7) days prior to contract performance.

5.1.2. PERSONNEL SECURITY INVESTIGATION REQUIREMENTS: The Contractor shall comply with SUPTXT204-9400(1-17). The Contractor employee shall report to the COR on the first day of contract performance. The COR will provide a copy of the MTF's Performance Improvement plan, direction for a proper check-in, and any additional documentation or instructions that may be necessary for contract performance. The Contractor employee shall return the completed check-in sheet to the COR within three (3) business days.

5.1.3. The Contractor employee shall adhere to MTF electronic timekeeping policies and procedures for monthly invoicing purposes. The Contractor shall certify performance invoiced under this contract.

5.2. START UP. The Contractor shall recognize the importance to a successful start of contract services of the timely recruitment of qualified personnel in sufficient numbers to meet all contract requirements. The Contractor shall perform all start up activities required by this section.

5.3. GENERAL DUTIES.

5.3.1. HEALTHCARE DATA ANALYST SUPPORT SERVICES.

The Contractor shall provide healthcare data analyst responsible for the collection, analysis and reporting of data from internal and external data systems, including designing reports and benchmarking results in a clear and concise manner, as well as aggregating, processing and interpreting report data for decision making in an effective and efficient manner. Systems include, but are not limited to, CHCS, Armed Forces Health Longitudinal Technology Application (AHLTA), Defense Medical Information System (DMHRSi), Population Health Navigator (PHN), and disease management databases/tools such as Health Plan Employer Data and Information Set (ORyx, HEDIS), credentialing and privileging, and Provider Appraisal Review Matrix (CAF_PAR), and Antibiotic Base(AOM).

The Contractor shall complete all necessary steps to assist the Health Care Analyst in obtaining documentation required to obtain access to the MTF. Prior to contract performance, the Contractor must obtain a local criminal record check for all Contractor Appointing Personnel who will be performing services at the MTF. A copy of the completed local criminal record check and completed SPMS worksheets must be provided to the COR seven (7) days prior to contract performance.

The Healthcare Data Analyst shall report to the COR on the first day of contract performance. The COR shall provide a copy of the MTF's Performance Improvement plan, direction for a proper check-in, and any additional documentation or instructions that may be necessary for contract performance. The Contractor employee shall return the completed check-in sheet to the COR within three (3) business days.

The Healthcare Data Analyst shall adhere to MTF electronic timekeeping policies and procedures for monthly invoicing purposes. The Contractor shall certify performance invoiced under this contract.

5.3.1.1. PROVISION OF SERVICES: HEALTHCARE DATA ANALYST.

5.3.1.1.1. Track action items by priority and status as designated by the Assistant Department Head and/or Department Head.

5.3.1.1.2. Ensure prompt, accessible patient centered data through comprehensive data evaluation, presentation, and database management.

5.3.1.1.3. Communicate with members of various departments throughout the hospital.

5.3.1.1.4. Utilize the command standard database and set of tools to obtain the data (i.e. Structured Query Services Language (SQL) server, and SQL Server Reporting Services (SSRS)) for reports to committees, departments, or command staff (which may at times include any Military Health System personnel).

5.3.1.1.5. Provide support to command Dashboards (including, but not limited to the command Patient Safety, Infectious Disease, Influenza Project, Environmental Health), and tracking and trending of graphic "drill-down" data from monthly queries of internal and external databases including, but not limited to ORYX, HEDIS MHS CarePoint Population Health Navigator, CAF_PAR, AOM, and other databases containing health information

5.3.1.1.6. Participate in process improvement teams and committees, to include Disease Management, Patient Safety, Risk Management, and others described as improvement teams or committees with a need for a Health Data Analyst. Ensure compliance with policies and authoritative directives to include DoD, Secretary of the Navy (SECNAV), BUMED, NAVHOSPPNCLA instructions and Joint Commission regulations.

5.3.1.1.7. Identify, extract, and analyze health care data to determine patterns in clinical care delivery.

5.3.1.1.8. Provide technical assistance, consultation, and training to users and customers in the areas of data collection and analysis including statistical methods, analytical procedures, and statistical software programs.

5.3.1.1.9. Assist the Database Administrator with the creation of SSRS data models by identifying and locating data necessary for a given audience of customers consistent within the scope of this contract's provision of services.

5.3.1.1.10. Work with Windows SharePoint Services 3.0 and Microsoft Office SharePoint Server 2007 to provide data to customers via lists and document libraries.

5.3.1.1.11. Uses SharePoint Designer 2010 to create data views that aggregate data from various data sources into usable data presentations for the command.

5.3.1.1.12. Assist with the management of SharePoint sites and sub sites associated with command data

dashboards and reports.

5.3.1.1.13. Provide a weekly report regarding status of projects to the Department Head on the last day of the week. These report requirements are stated in section 5.3.1.4, of this document.

5.3.1.1.14. WORKLOAD DATA

WORKLOAD- HEALTHCARE DATA ANALYST

Action	Frequency	Estimated Actions per year
Work in Carepoint 3G, Carepointsuites (ICDB), and Microsoft SQL Server daily	Daily	280
Download Defense Information Systems Agency(DHMRSi)worksheets that are uploaded to SQL Server and used in the database and NH	3 times per week	144
Download DHMRSi Comprehensive Alpha Roster	Weekly	52
Download DHMRSi EASIV Summary View	3 times per Month	36
Update HEDIS Dashboard clinical stats	Once a month	12
Download and process spreadsheets from Carepoint 3G with updated monthly data	Once a month	12
Update Quick Look spreadsheet with colors to show if NH Pensacola and Branch clinics are red, yellow, or green on HEDIS metrics. This shows patients who are red, yellow, and green. The branch clinics and NH use this spreadsheet for overdue patients for HEDIS metrics	Once a month	12
Run Monthly CAF file updates. Queries in CAF database updates CAF files. Run Appointment Utilization Update and NME Quality Assurance	Once a month	12
Query Adverse Drug Reactions and Antibiotic Allergies for Pharmacy	Once a month	12
Update ORYX Dashboard when I receive email from Mr. Steven Turner	Once a quarter	4
Download and process spreadsheets for Audio care calls for HEDIS for branch clinics and NH Pensacola	Once a month	12
Attend Quality Council Meeting and Disease Management Committee Meeting	Once a month	12
Upload Audio care lists to Audio care server	Weekly depending on requirement	52
Work in CHCS updating patients that do not have a DOD ID	Daily	240

Action	Frequency	Estimated Actions per year
Tricare Ops Weekly Department Meeting	Once a week	52
Various Monthly Trainings	Monthly	12
Update Department Specific Criteria	Monthly	12

5.3.1.2. MINIMUM QUALIFICATIONS:

- a. A bachelor's degree or higher in a healthcare, business, computer or information management major. Work experience in similar type jobs (at least 5 years) can be substituted for degree requirements.
- b. Three (3) or more years as a data analyst in a healthcare delivery system.
- c. Experience with information management, project management, utilization review, and disease management is highly desirable.
- d. Ability to plan a study; collect, clean, and analyze data; and develop and present reports.
- e. Knowledge and ability to apply principles, theories and processes to data management with a high degree of resourcefulness, ingenuity and inventiveness to studies and projects.
- f. Ability to analyze extensive program data that effect the management of a healthcare delivery system.
- g. Possess a sound working knowledge of application software to include, but not limited to, the latest versions of Microsoft Office (Word, Excel, PowerPoint, SharePoint, and Outlook)
- h. Skill in written and oral communication to prepare and present findings.
- i. Excellent interpersonal and team-building skills.
- j. Knowledge of medical informatics, evidence-based medicine, and epidemiological principles would be valuable, but is not required.
- k. Knowledge and experience with the current Navy Medicine Clinical and Resource Systems.

5.3.1.3. SPECIAL REQUIREMENTS: Contractor 'CHCS Super-users shall provide CHCS and AHLTA orientation to each employee prior to provision of services by that employee. The Contractor shall provide not less than 8 hours of CHCS and AHLTA training to all Contractor employees who are not designated as CHCS/AHLTA super-users. The Contractor shall designate Super-users who shall maintain superior CHCS and AHLTA skills and be responsible for CHCS and AHLTA training of all Contractor employees hired after commencement of contract services.

5.3.1.4. DELIVERABLES:

5.3.1.4.1. The Contractor is responsible for delivering a weekly report to the Department Head, from which the Contractor ' Health Data Analyst will be evaluated.

5.3.1.4.2. The report will be in a Word document format, and will detail which committee meetings were attended, queries run from outside and inside databases, reports generated for customers, and problems encountered that precluded the completion of any required provision of services.

5.3.1.4.3. The above report will be due to the Department Head by Friday of each week. If a holiday falls

on said date, the following business day is when the report will be due.

5.3.1.5. PERFORMANCE REQUIREMENTS SUMMARY: (Enclosure I - QASP Matrix - Healthcare Data Analyst)

5.3.1.6. TYPE OF WORK: Work is normally performed in an office setting. The Contractor employees shall comply with Naval Hospital Pensacola's training, safety and security requirements. The Contractor employees will be provided work spaces and office equipment and supplies at Naval Hospital Pensacola. The Contractor employees will be provided access to Government data systems necessary to accomplish contract requirements. Travel may be required to facilities within the area of responsibility of Naval Hospital Pensacola. All travel must be justified in writing to the COR and must be approved in advance by the COR.

5.3.1.7. PLACE OF PERFORMANCE: The normal place of performance is at Naval Hospital Pensacola, 6000 West Highway 98, Building 2268, Pensacola, FL. 32512. There may be occasional temporary additional duty (TAD) travel to one of the 10 Naval Branch Health Clinics located in Florida, Louisiana, Mississippi, Tennessee, and Indiana in support of Naval Hospital Pensacola.

5.3.2. PROVISION OF SERVICES: MARKETING ANALYST SUPPORT SERVICES.

The Contractor shall provide marketing analyst support services for conducting marketing surveys, analysis, and studies of medical activities and functions for the Naval Hospital Pensacola and its Naval Branch Health Clinics. The marketing analyst works under the general direction of the Military Health Care System (TRICARE) Operations Department Head, who provides the framework of priorities; funding, strategic goals, potential target markets, and overall project objectives. The individual plans and organize the study, coordinating with staff and line management, conducting all phases of the project. There will be wide latitude for creatively designing marketing strategies, recommendations, and products.

The marketing analyst will be expected to complete assignments independently and will, on occasion, be delegated full authority to plan and organize activities that integrate marketing efforts into other activities of the hospital.

Work is reviewed for soundness of approach, completeness, and conformance with controlling regulations and policies, and measurable progress toward the stated goals.

5.3.2.1. PROVISION OF SERVICES.

5.3.2.1.1. Program Management tasks. The marketing analyst will be expected to perform the following:

5.3.2.1.2. Conduct environmental assessments to determine healthcare market characteristics, demographics, economic factors, geographic factors, and trends, on an annual basis. Assessments include beneficiary surveys, staff surveys, peer organization surveys, and market evaluations focusing on the parameters of the healthcare industry to develop a historical prospective and to determine trends in market demands toward which the Naval Hospital may find it necessary to concentrate its healthcare efforts. Design surveys, determine survey needs or study objectives, develops techniques for getting responses back, and determines appropriate cross section of target population. Compares and evaluates methods, procedures, and practices employed by the Naval Hospital as they affect the area of advertising and marketing.

5.3.2.1.3. Develop a marketing plan for Naval Hospital Pensacola identifying objective, milestones, primary markets, and resources that are required for mission achievement. Develop new and improved marketing techniques.

5.3.2.1.4. Participate in the development of the Naval Hospital's strategic plan with the focus on the results of environmental assessments. Make presentations and recommendations to senior leadership, directors, department heads, committees and/or individuals, to recommend where the Naval Hospital should progress to meet future demands. Develop recommendations that assist the Commanding Officer in making management

decisions for product development, target markets, positioning strategies, and business plans that will move the Naval Hospital towards its goals.

5.3.2.1.5. Develop marketing products that demonstrate the Naval Hospital's position within the healthcare markets of both the federal and private sector (i.e., presentations, brochures, stakeholders report, advertisements, audiovisual media and printed information). Ensure products are suitable for target audiences spanning from the individual patient, major commands, TRICARE Regional Office (TRO) East, Bureau of Medicine and Surgery (BUMED), and the managed care Contractor. Develop products from the beginning through to its finalized production state.

5.3.2.1.6. All deliverables shall be in Microsoft Office format, unless otherwise specified.

5.3.2.1.7. Workload Data

WORKLOAD DATA- MARKETING ANALYST

Action	Frequency	Estimated Actions per year
Annually conducts a market share analysis and study market conditions to examine potential creation (or growth) of a service, program or idea. Identifies Strengths, Weaknesses, Opportunities, and Threats (SWOT), so adequate strategies can be defined and implemented.	Annual	One
Researches and coordinates activity/event planning; Collects and compiles data for quarterly Command Brief (MTF data, staffing, IMR numbers, enrollment, patient surveys, deployment, DoD/VA shared agreements, etc.); Organize and plan HSCC (coordinate speakers, topics, compile PowerPoint slides, make folders for attendees, reserve venue, send out invites, etc.). Mail merge project for nearing age 65 letters, other hand-deliveries, shipping orders to branch clinics (printed bulk items and TRICARE materials)	Quarterly	Coordinate personnel for local events/ Health Services Consumer Council (HSCC). Data/number from SME (for Command Brief)
Formulates the basis of a marketing plan (per project), identifying objectives, milestones, primary markets and resources that are required for mission achievement, in alignment with the command's strategic plan	Bi-Monthly	24
Presents and recommends to senior leadership where NAVHOSPPNCLA should progress to meet future demands, to include service line development, target markets, positioning strategies, market conditions and resource focus.	Bi-Annually	2

Action	Frequency	Estimated Actions per year
Develops exportable marketing products and ensures products and materials are suitable for target audiences (i.e. design posters, brochures, booklets, banners, business cards, messages for marquee and TVs); research, summarize and post TRICARE Weekly Facts.	Daily	2 – 20 per day
Attends various meetings (Medical Home, STRAT COMM, etc.) and assists with making marketing decisions by assessing promotional needs, gathering demographics, competition, prices, distribution channels and marketing outlets.	Bi-Weekly	Due-outs given at each meeting

5.3.2.2. PERFORMANCE REQUIREMENTS SUMMARY: (Enclosure II - QASP Matrix – Marketing Analyst)

5.3.2.3. TYPE OF WORK: Work is normally performed in an office setting. The Contractor's employees shall comply with Naval Hospital Pensacola's training, safety and security requirements. The Contractor's employees will be provided work spaces and office equipment and supplies at Naval Hospital Pensacola. The Contractor's employees will be provided access to Government data systems necessary to accomplish contract requirements. Travel may be required to facilities within the area of responsibility of Naval Hospital Pensacola. All travel must be justified in writing to the COR and must be approved in advance by the COR.

5.3.2.4. PLACE OF PERFORMANCE: The normal place of performance is at Naval Hospital Pensacola, 6000 West Highway 98, Building 2268, Pensacola, and FL. 32512. . There may be occasional temporary additional duty (TAD) travel to one of the 10 Naval Branch Health Clinics located in Florida, Louisiana, Mississippi, Tennessee, and Indiana in support of Naval Hospital Pensacola.

5.3.2.5. MINIMUM QUALIFICATIONS: The Contractor shall provide a fully qualified marketing analyst with the following requirements:

5.3.2.5.1. Knowledge of marketing principles such as price, promotion, position, and product to develop appropriate marketing material, develop positioning strategies, and business plans that will move the Naval Hospital toward its goals.

5.3.2.5.2. Knowledge of survey techniques to include questionnaire design, sample selection, response maximization, statistical analysis and validity, and conclusion formulation to provide valid and reliable management information to the command.

5.3.2.5.3. Ability to present professional oral presentations, written documents, and computerized visual presentations. Ability to write procedures and to develop exportable marketing products to subordinate clinics that are understandable and user friendly.

5.3.2.5.4. Ability to utilize computer software such as Microsoft Office Professional (Word, Excel, Access, Publisher, PowerPoint, and Outlook) and other software to access marketing data.

5.3.2.5.5. General knowledge of hospital functions and operations, product lines and services, managed care principles, and goals.

5.3.2.5.6. Bachelor's degree in Marketing is required with preference for a Master degree in Business Administration or Healthcare Administration. Five years or more experience in Marketing is desirable.

5.3.2.6. Travel: The Government may require travel /training in support of Naval Hospital Pensacola and its Naval Branch Health Clinics to attend conferences to maintain educational standards and skills. If so, the Contractor shall provide travel/training expenses that will be funded under a separate CLIN to be added by contract modification.

5.3.2.6.1. The Contractor shall travel via the means most advantageous to the Government in cost and in time. The COR must approve travel in advance. Mileage and Per Diem rates will be paid at the published Joint Travel Regulation (JTR) rate. Airfare will be paid at the coach rate of 7 days advance purchase, non-refundable ticket price, unless the Government grants prior written approval. Only if the Government reschedules the trip, will the Government reimburse the fee charged to reschedule the non-refundable ticket. Discount hotel/motel and car rental practices shall be utilized. Hotel/motels and car rental agencies currently extend their discount rates to eligible Contractors traveling on official Government business. The travel will be added if required under a separate CLIN after contract award

5.3.2.6.2. The Contractor shall be responsible for making all travel arrangements and purchasing of tickets as required. The Contractor should request Government rates for all tickets and reservations. After travel is completed, the Contractor shall submit an invoice in accordance with WAWF instructions itemizing expenses in amounts allowable by the COR. The COR will approve/disapprove all travel costs. The COR will specify BUMED's procedure to document that the travel was completed and that the expenses were actually incurred. All reimbursements will be retrospective, payable only upon presentation of a properly prepared invoice along with its supporting documentation to the COR.

5.3.3. PROVISION OF SERVICES:INFORMATION ANALYST(IA) SUPPORT SERVICES

The Contractor shall provide an information analyst responsible for performing duties in the Informatics Division within the TRICARE Operations Department at Naval Hospital Pensacola. The goal of the IA is to ensure prompt, accurate, accessible, patient centered data through comprehensive data and database management. The purpose of this tasking is to provide support services to NAVHOSPPNCLA and branch clinics by providing data cleanup on CHCS and related systems and developing and preparing databases for analysis, review and upgrades including SQL server report development. Systems include, but are not limited to, CHCS, AHLTA, MHS Genesis, DMHRSi, MHS CarePoint, PHN, and disease management databases/tools such as ORYX, HEDIS, CAF_PAR, and AOM.

The Contractor shall complete all necessary steps to assist the IA in obtaining documentation required to obtain access to the MTF. Prior to contract performance, the Contractor must obtain a local criminal record check for all Contractor Appointing Personnel who will be performing services at the MTF. A copy of the completed local criminal record check and completed SPMS worksheets must be provided to the COR seven (7) days prior to contract performance.

5.3.3.1. PROVISION OF SERVICES. The Contractor shall:

5.3.3.2. Ensure that data integrity of the reports that are produced by identifying data discrepancies and providing information to staff on how to input the data for enhanced Health and Data Quality.

5.3.3.3. Provide ongoing development, support, utilization, and maintenance of databases in preparation for planning, analysis, evaluation, tracking, communication, and enhancements.

5.3.3.4. Communicate with database administrators to ensure correct data is being provided.

5.3.3.5. Utilize connections to the command data warehouse and via CHCS cache to obtain the data (i.e. SQL server) and publish SQL server reports.

5.3.3.6. Provide support to command Dashboards assigned, which includes tracking and trending of graphic "drill-

down” data.

5.3.3.7. Utilize the command standard set of tools to flow chart (i.e. Microsoft) and pull data via script (i.e. Programming Language (PERL)).

5.3.3.8. Create or utilize front end reporting mechanisms to provide the data to the users (i.e. report server, SharePoint, Access).

5.3.3.9. Serve as a subject matter expert in the area of data collection and analysis addressing areas such as what data should be collected, what types of analysis should be performed and what recommendations should be made based on the results of the analysis. Statistical analysis will be used to determine significant trends and to efficiently and effectively align resources.

5.3.3.10. In addition the Contractor shall ensure setup, research, analysis, cleanup\resolution, coordination, communication and presentation of resolution in but not limited to these areas of concentration:

- Supports all aspects of the Command’s Data Quality, Audit review, Quality Management Program (CQMP) and Informatics requirements of any of the standard Command committees.
- Determine patient eligibility based on CHCS and DEERS records and verify sync issues.
- Patient data synchronization from CHCS and AHLTA to DEERS and any other related systems ensuring accuracy of files.
- Provide ongoing development, support, utilization, and maintenance of databases in preparation for planning, analysis, evaluation, tracking, communication and enhancements.
- Provide Project and Knowledge Management support.
- Report and analyze CHCS\AHLTA and other systems to provide appropriate data to assist in data cleanup efforts.
- Design and perform special studies for utilization to identify corrective actions.
- Serve as a subject matter expert and active consultant in the area of data collection, cleanup, management, and analysis.
- Serves as a command consultant, representative, and liaison for issues related to data for use by Clinical and Administrative Staff.
- Provide technical assistance and consultation to users in data collection and analysis.
- Participate in process improvement teams and committees.
- Work with staff on short and long-term planning for clinical data collection and analysis projects and activities.
- Provide ongoing support to maintain the integrity of the database in preparation for enhancements.
- Communicates results of studies and analysis to senior leadership, committees and the medical staff through briefings and reports.
- Collects and analyzes a variety of data for projects and special requests involving patient diagnoses and procedures, and related data.
- Provide reports and presentations of related areas.
- Design and perform special studies in coordination with various committees, directorates, departments and divisions, staff, residents, and other Command individuals or groups, focusing on the best way to standardize data availability aligned with productivity.
- Ensure compliance with authoritative policies to include DOD and Navy directives, as well as TJC (The Joint Commission) standards that support NAVHOSPPNCLATJC committees.
- Provide technical assistance, consultation, and training to users in the areas of data collection and analysis including statistical methods, analytical procedures, and statistical software programs.

- Maintain current skills and knowledge through conferences, literature, and skills training.
- Maintain close communication and rapport with higher headquarters and other organizations involved in developing policies and plans related to clinical data analysis at Naval Medical Treatment facilities.

5.3.3.11. The Contractor employee receives assignments in terms of the overall purpose and objective. The work is carried out independently. Assistance is available in unusually difficult situations or studies. Completed work assignments are reviewed for adherence to good methodology, timeliness, attention to detail and accuracy, clarity and organization of reporting, soundness of conclusions, and fulfillment of stated objectives.

5.3.3.12. The Contractor employee shall work directly with the COR Technical Liaison to determine priority of tasks to be performed. All work requests from the MTF's will be directed to the support team via the COR Technical Liaison. A monthly report shall be provided electronically (utilizing a local standard) by the 10th of each month with the following information:

- (a) Name of CHCS Platform
- (b) Type of report/project and quality received
- (c) Number of reports/projects resolved
- (d) Number of reports/projects unresolved (Include reason why it was unresolved)

5.3.3.13. The Contractor employee shall also provide a current list of action items tracked by priority and status as designated by the COR Technical Liaison and additional informational reports as needed to meet/determine business needs.

5.3.3.14. The Contractor shall be responsible for the employee's occupational health and safety programs that must be in compliance with Occupational Safety and Health Administration (OSHA) regulations governing a healthcare facility. Smoking is strictly prohibited inside and on the grounds of Naval Hospital Pensacola, unless in a designated area on the grounds for all employees.

5.3.3.15. Work Load Data

WORKLOAD DATA- INFORMATION ANALYST

Action	Frequency	Estimated Actions per year
SQL database report development and maintenance	Daily	280
Write/execute ad hoc reports that meet customer needs and satisfaction	Daily	280
Fax server data processing and tracking	Daily	280
Data integrity and synchronization cleanup	Daily	280

Action	Frequency	Estimated Actions per year
Utilization & Referral Management code extraction from CHCS and table updates	Daily	280
Provide informatics consultation to committees and working groups	Weekly	52
Influenza immunization data routines	Daily	280

5.3.4. MINIMUM QUALIFICATIONS:

Contractor shall provide employees who have the following experience, at a minimum:

- a. Experience using the following CHCS modules: Enrollment Processing, Interactive DEERS , Patient Appointment files, Enrollment Cancellation, Disenrollment Options, Patient History Files, Patient Registration Files (Full\Mini), Provider files, File and Table, CAPER Processing, Schedules and Templates, Clinical Files (i.e. Pharmacy\Laboratory\Radiology), Audit files, MCP knowledge and experience of Defense Health Agency(DHA)tools for enrollment. Minimum 5 years experience required.
- b. Familiarity with the associated web based applications, Primary Care Management (PCM) web based research application and HMHS Enrollment Assignment Rules Database (HEARD).
- c. Experience with the DEERS “Gold” files.
- d. Experience building, modifying, and updating webpages using HTML, XML, ASP.NET, SharePoint.
- e. Experience using the CAREPOINT applications for Population Health.
- f. Experience using latest versions of Microsoft Outlook, Word, Excel, Access, PowerPoint, PERL, VB script, advanced SQLqueries, and linked report servers.
- g. Experience writing PERL scripts which allow reports from CHCS to be rewritten into a format that can be used by Access and Excel.
- h. Five years’ experience related to data analysis in health care delivery and experience with utilization review, referral management and managed care is considered an excess that would be beneficial to the Navy.
- i. Experience with information and project management.
- j. CompTIA Security+ certification is required to maintain privileged access to CHCS cache. Certification must be maintained in accordance with Department of the Navy’s Information Assurance requirements.

5.3.4.1. SPECIAL REQUIREMENTS: Contractor ‘CHCS Super-users shall provide CHCS and AHLTA orientation to each new employee prior to provision of services by that employee. The Contractor shall provide not less than 8 hours of CHCS and AHLTA training to all Contractor employees who are not designated as CHCS/AHLTA super-users. The Contractor shall designate two Super-users who shall maintain superior CHCS and AHLTA skills and be responsible for CHCS and AHLTA training of all Contractor employees hired after commencement of contract services.

5.3.4.2. DELIVERABLES: The Contractor shall maintain and provide monthly statistical reports. Also, the Contractor shall maintain a referral tracking database as directed by local authority. Reports shall include the following information in table and graphic format and other information, as needed.

- Total call volume activity to include total number of calls offered, total number of calls

answered, and total number of calls abandoned. Also, averages and percentages on answer and abandon time will be reported as the information is available.

- Results of patient surveys.
- Referral Results Report delineating quantity and disposition of every referral by Beneficiary Category.
- Provide monthly statistics on the rate of returned clear and legible reports.
- Provide a current list of Action Items tracked by priority and status as designated by Higher Authority.
- Provide additional informational reports as needed to meet/determine business needs.

5.3.4.3. PERFORMANCE REQUIREMENTS SUMMARY: (Enclosure III- QASP Matrix – Information Analyst)

5.3.4.4. TYPE OF WORK: Work is normally performed in an office setting. The Contractor employees shall comply with Naval Hospital Pensacola's training, safety and security requirements. The Contractor will be provided work spaces and office equipment and supplies at Naval Hospital Pensacola. The Contractor will be provided access to Government data systems necessary to accomplish contract requirements. Travel may be required to facilities within the area of responsibility of Naval Hospital Pensacola. All travel must be justified in writing to the COR and must be approved in advance by the COR.

5.3.4.5. PLACE OF PERFORMANCE: The normal place of performance is at Naval Hospital Pensacola, 6000 West Highway 98, Building 2268, Pensacola, FL 32512. There may be occasional temporary additional duty (TAD) travel to one of the 10 Naval Branch Health Clinics located in Florida, Louisiana, Mississippi, Tennessee, and Indiana in support of Naval Hospital Pensacola.

5.4. ORIENTATION.

5.4.1. During the first two weeks of contract performance, all contract personnel shall undergo orientation. This orientation will include, but is not limited to: Command orientation; vehicle registration; personnel identification documents; automated call distribution system; Composite Health Care System (CHCS) training; AHLTA training, and annual training requirements such as fire safety and sexual harassment.

5.4.1.2. Contractor employees shall receive Government provided command orientation, check-in procedures via the COR, and annual training requirements.

5.4.1.3. Contractor personnel who have successfully completed (within the last 12 months) a Navy and Contractor-provided Orientation or Annual Training at the MTF for the services specified in this contract, and who have provided those services on a regularly scheduled basis within three months prior to commencement of services under this contract, are exempt from the requirements of paragraph 5.4.1., unless training requirements have expired.

5.5. HOSPITAL INVENTORY AND EQUIPMENT.

5.5.1. Before commencement of contractual services, the Contractor shall conduct a joint inventory with the Government of the equipment provided by the Government. The Contractor and the Government shall jointly determine the working order of all equipment. Items not in working order, beyond fair wear and tear, or beyond repair shall be noted. The Contractor and the Government shall certify their agreement with all comments on working order and discrepancies. Although all reasonable effort will be made by the Government to jointly conduct this inventory, if the Contractor does not participate in the inventory, the Contractor shall accept as accurate the listing of equipment provided by the Government.

5.5.2. Throughout the contract period, the Contractor employee shall maintain a current inventory of equipment. The Contractor shall designate an employee as the Equipment Custodian. Any equipment determined to be missing, lost, or stolen shall be immediately reported to the MTF security officer per MTF instruction. The Contractor shall cooperate with and assist in the investigation.

5.5.3. The Contractor shall requisition consumable supplies and equipment from the MTF. The Contractor shall

ensure that personnel ordering supplies are familiar with and adhere to MTF procedures for requisitioning and storing supplies and equipment. The Contractor supply manager shall attend all supply meetings and training provided by the MTF. The Contractor is liable for loss or damage to supplies and equipment if such loss or damage is due to negligence or willful misuse. The Contractor shall ensure efficient and economical use of supplies. The Contractor shall stay within the departmental supply budget, and shall notify the COR in writing not less than 30 days prior to the Contractor's anticipated date that the budget will be exceeded.

5.5.4. In accordance with MTF policies, the Contractor shall initiate a maintenance request when repair or maintenance of Government-furnished facilities or equipment is required.

5.5.5. At no time during the term of this contract shall the Contractor remove Government supplies or equipment furnished from the MTF.

5.6. MONITORING AND COMPLIANCE.

5.6.1. The Government will monitor success of the services provided via the monthly reports as well as the reports generated for any and all customers. All reports will be reviewed by the Assistant Department Head and Department Head for approval, and to identify any customer service or training issues.

5.6.1.1. The Contractor employee shall attend MTF operational and/or committee meetings which are estimated at 8 hours per month.

5.7. QUALITY CONTROL PROGRAM.

5.7.1. After contract award and not later than commencement of services, the Contractor shall submit their QCP to the COR for approval. The QCP shall, at a minimum, include:

5.7.1.1. A plan that ensures coverage of routine working hours by an appropriate number of fully-qualified contract personnel. The plan must include a specific methodology for providing coverage during planned and unplanned absences. The plan must also include that all minimum qualifications for each required FTE be met, and that all occupational health requirements are met as mandated by the MTF.

5.7.1.2. A protocol to ensure that the Contractor shall maintain and enforce Standards of Conduct for Contractor employees as specified in Section 7.5.

5.7.1.3. A plan to address the role the Contractor supervisor/key person performs in provision of services under this contract.

5.7.1.4. Upon receipt of the Contractor's QCP, the MTF will have 30 working days to review, comment, approve and/or disapprove. If the MTF finds deficiencies in any portion or portions of the proposed Program, the Contractor shall have 10 working days to correct the deficiencies. This review and correction process will continue until the entire proposed Program is approved in writing by the MTF.

5.7.1.5. Quality Control Updates. Sixty days prior to exercising any option year under this contract, the Contractor shall submit to the COR an updated, revised QCP consistent with the Joint Commission standards and the MTF's QCP. The revised Program shall be subject to the same review and approval process as those submitted at the time of contract award.

5.8. HIPAA. The Contractor shall comply with the HIPAA privacy and security regulations as specified in Attachment I.

5.9. Contractor employees shall participate in executing the Emergency Preparedness Plan (drills and actual emergencies) as scheduled by the MTF (typically semiannually). MTF personnel re-call list with personal contact information for all military, civil service and Contractor employees are required to prepare in advance for an actual emergency. Upon commencement of performance, the Contractor shall provide the COR with a list of

personal contact information for a designated Contractor representative as well as all Contractor employees performing services. The Contractor shall provide an updated list to the COR bimonthly. Should an emergency occur that will affect the Contractor employees' shifts, the designated Contractor representative and the Contractor employees will be contacted.

Section 6 Reserved

SECTION 7 OTHER REQUIREMENTS

7.1. HOURS OF SERVICE.

7.1.1. Service shall normally be provided during core hours of operation, between 0600-1800, Services will not normally be required on the day of observance of Federal holidays.

7.1.2. All closings for severe weather or other emergency shall be at the sole discretion of the Government. The Contractor shall maintain the required service schedule unless notified by the COR that a closing due to weather conditions or other emergency is authorized. The Contractor will receive guidance from the COR of the MTF protocol for closings.

7.2. PROBLEMEMPLOYEES.

7.2.1. The Contractor shall not allow Contractor employees whose judgment is impaired by alcohol, drugs or other mood-altering conditions to perform under this contract. The Contractor shall immediately remove such employees and inform the COR. Furthermore, the Government reserves the right to remove any employee, who in the judgment of a licensed physician, is impaired by drugs or alcohol. The Contractor shall provide a qualified replacement employee after contact with the COR.

7.2.1.1. Employees with alcohol or drug abuse problems may be allowed to return to this contract only with prior Government approval.

7.2.1.2. Employees charged or indicted for a felony shall be removed by the Contractor until the legal process is complete. During times of Contractor employee absence, sections 1.1.3 and 13.1.3 shall be enforced to minimize impact to the provision of service. If the legal proceeding results in a finding of not guilty on the merits of the case, the employee may be allowed to return to work. The COR shall be notified. In all other cases, the employee may be allowed to return only with prior Government approval.

7.2.1.3. Reserved.

7.2.2. Contractor employees who have been cited in a validated patient complaint because their behavior, demeanor, physical appearance, are not keeping with the standards of their profession shall be subject to the following:

7.2.2.1. Within 2 days of receiving the patient complaint, the MTF will notify the Contractor, in writing, of the nature of the complaint, the circumstances surrounding the complaint, the provider/employee name, date, and other pertinent information.

7.2.2.2. Within 3 days of receipt from the MTF, the Contractor shall provide the Government with a written plan for correction for each validated complaint. Corrective action shall be complete within 30 days.

7.2.2.3. A progress report on corrective action shall be provided to the COR by the Contractor 15 days following receipt of the validated complaint.

7.2.2.4. A completed corrective action report shall be filed with the Commanding Officer and the COR as originally proposed by the Contractor. If corrective action is not completed within 30 days, the problem employee shall be removed from contract performance.

7.3. STANDARDS OF CONDUCT.

7.3.1. As part of the QC program, the Contractor shall maintain and enforce Standards of Conduct for Contractor employees. The Contractor shall take appropriate corrective action in cases of violations of the Standards of Conduct. A report of the corrective action taken shall be provided to the COR and Commanding Officer for concurrence.

7.3.2. The Contractor and Contractor employees shall become acquainted with and obey all MTF regulations.

7.3.3. The Contractor shall not employ any alien in the performance of the contract in violation of the Immigration Laws of the United States.

7.3.4. Confidentiality of Information. Unless otherwise specified, all financial, statistical, personnel and/or technical data which is furnished, produced, or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract nor be released by the Contractor without prior written consent of the Commanding Officer via the COR. Any presentation of any statistical or analytical materials, or any reports based on information obtained from the studies covered by this contract, will be subject to review and approval by the Commanding Officer via the COR before publication or dissemination.

7.3.5. Neither the Contractor nor Contractor employees shall make any disclosure regarding the contract, the MTF or MTF patients, employees or staff members without prior approval of the Commanding Officer. All inquiries from the media shall be forwarded to the MTF Public Affairs Officer. Before advertising PCC services or disseminating promotional materials, the Contractor shall seek approval in accordance with MTF procedures.

7.4. CONFLICT OF INTEREST

7.4.1. The Contractor shall not hire any employee for performance under this contract whose employment would result in a conflict with Government or Navy Standards of Conduct (SECNAVINST 5370.2 (latest revision)).

7.4.2. The Contractor or Contractor employees shall not, while performing services under this contract, advise, recommend, or suggest to persons eligible to receive medical care at Government expense that such persons should receive care from the Contractor or Contractor employees at any place other than at the MTF.

7.4.3. The Contractor and Contractor employees are not prohibited under this contract from outside employment, unless there is conflict with the performance of services under this contract.

7.4.4. The Contractor and Contractor employees shall make no use of any Government facilities or other Government property in connection with outside employment.

7.4.5. The Contractor or Contractor employees shall not bill personnel entitled to care at the MTF for services rendered.

7.5. EMPLOYEE STANDARDS.

7.5.1. Contractor employees shall maintain a standard of personal hygiene and grooming such that their image as professionals is compatible with the expectations of the medical and patient community.

7.5.2. Contractor employees shall present a neat, professional appearance. All Contractor employees shall visibly display their MTF issued badges at all times. Retired military personnel shall not use their rank on nametags, identification cards, or desk nameplates. All clothing shall be clean, neat and fit properly; they shall not contain commercial advertising except for the required nametags. Shoes shall meet sanitation and safety requirements in accordance with NAVHOSPNCPLAINST 12200.1, dated 21 September 2010. Hair and beard

shall be neatly groomed and shall not be ragged, unkempt, or of extreme appearance, length or bulk. Tank-top shirts, cut-offs, shower shoes or similar items of apparel are specifically prohibited. At a minimum, Contractor employees shall conform to the established MTF civilian employee personal appearance policy.

7.5.3. Smoking is strictly prohibited inside the entire MTF and surrounding grounds.

7.5.4. The Contractor shall be directly responsible for instructing employees in utility conservation practices in accordance with applicable instructions. The Contractor shall be responsible for operating under conditions, which preclude the waste of utilities. Government telephones shall not be used for personal business, including both incoming and outgoing calls. All Contractor personnel shall use appropriate telephone etiquette and answer incoming calls using a format specified by the COR.

7.5.5. All Contractor employees shall register their motor vehicles operated on the military installation with the base Security Service according to applicable local instructions. The Contractor shall ensure that employees have required automobile registrations prior to start of work.

7.5.6. All Contractor employees must provide required documentation in order to gain access to Naval Hospital Pensacola. (See SUPTXT204-9400(1-17)).

7.5.7. The Contractor shall return any locally required identification furnished for Contractor employees to the COR immediately when such employees are no longer performing services under this contract.

7.6. MISCELLANEOUS PROVISIONS.

7.6.1. The Contractor shall comply with Federal, State, Local, and Joint Commission health, fire and safety regulations.

7.6.2. The Contractor shall be responsible for all testing and/or treatment for Contractor employees which may result due to an exposure, injury or hazard of the job, except for the initial stabilization.

7.6.3. Contractor employees shall use patient information for their designated project only. This information shall not be specifically used to create databases.

7.6.4. Contractor employees shall maintain, transmit, retain in strictest confidence, and prevent the unauthorized duplication, use, and disclosure of patient information in accordance with Standards for Privacy of Individually Identifiable Health Information, Final Rule, December 28, 2000, DoD Health Information Privacy Regulation (DoD 6025.18-R), the Privacy Act, and DoD Privacy Program (DoD 5400.11-R). A signed MTF Information Assurance Confidentiality User Agreement must be completed by Contractor Appointing Personnel and provided to the COR during check-in. Contractor employee shall provide patient information only to employees and Government personnel having a need to know such information in the performance of their duties.

7.6.5. Contractor employees shall comply with the most current version, and all future changes when released, of all Government privacy and security regulations, instructions and directives. In addition, all personnel shall comply with the most current version and all future changes when changes are released, of all relevant rules published in the Federal Registrar to implement the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This shall include Standards for Privacy of Individually Identifiable Health Information, Final Rule, published December 28, 2000; TRICARE Operations Manual 6010.51-M, August 1, 2002, Chapter 21, Section 3; DoD Health Information Privacy Regulation (DoD 6025.18-R); the Privacy Act; and DoD Privacy Program (DoD 5400.11-R).

7.6.6. The Secretary of the Navy has determined that the possession or use of illegal drugs and paraphernalia by contract employees in the military setting contributes directly to military drug abuse and undermines command efforts to eliminate drug abuse among military personnel. The policy of the Department of the Navy, including the Marine Corps, is to detect and deter any and all drug offenses by contract employees on military installations. In an effort to curtail drug offenses on military installations and to prevent introduction of illegal drugs and

paraphernalia, the Government reserves the right to conduct routine, random inspections of personal possessions and vehicles on military installations with drug detection dog teams. When the Government finds probable cause to believe that a contract employee on board a Naval or Marine Corps installation has been engaged in the illegal possession, use or trafficking of drugs, the employee may be restricted or detained until he can be removed from the installation or can be turned over to local law enforcement authorities having jurisdiction, as appropriate. When the Government discovers illegal drugs in the course of an inspection of a vehicle operated by a Contractor employee, the employee and vehicle may be detained until the employee and the vehicle can be turned over to appropriate civil law enforcement officials. The Government may take action to suspend, revoke or deny the contract employee's installation driving privileges as well as his/her clinical privileges at the military MTF. Implicit with the acceptance of this contract is the agreement by the Contractor and his employees to comply with all Federal laws and statutes and installation regulations.

7.6.7. The Contractor shall comply with all fire prevention measures prescribed in the installation fire protection regulations which are in or may be put into effect during the course of this contract. Copies of these regulations are on file in the office of the Head, Operating Management Department or with the COR. The Contractor shall be liable for loss of Government property attributed to negligent or willful misconduct of the Contractor or his employees, including failure to comply with the fire prevention measures described in the aforementioned regulations. At the close of operations each day, the Contractor or his designee shall be required to make a thorough inspection in each work area to determine that all necessary safeguards relative to probable fire hazards are in effect. The Contractor shall familiarize his employees with the aforementioned fire regulations, location of fire reporting telephones near work sites, and correct fire reporting procedures. The Contractor and his employees shall be cognizant of and observe all requirements for handling and storing combustible supplies and materials, daily disposal of combustible waste, trash, etc.

7.6.8. All accidents which may arise out of or in connection with the performance of services required herein, and which result in injury, death or property damage, shall be reported immediately to the Safety Department and the COR and within 24 hours to the MTF QI Department. Verbal reports shall be followed up in writing within 24 hours. Statements of witnesses shall be included. If any claim is made by a third party against the Contractor on account of any accident which occurs in connection with the performance of this contract, the Contractor shall promptly report the facts in writing to the MTF Legal Advisor, the MTF QI Department, MTF Safety Department, and the COR.

7.7. PHYSICAL SECURITY.

7.7.1. The Contractor shall safeguard Government property and, at the close of each work day, secure Government facilities and equipment in his/her work area.

7.7.2. The Contractor shall be responsible for ensuring that keys issued by the Government are for the exclusive use and access of contract employees engaged in the performance of this contract.

7.7.3. The Contractor shall ensure that no Government lock combinations are revealed to unauthorized persons.

7.7.4. The Contractor shall be responsible for Government-issued keys which are lost or used by unauthorized individuals. The Contractor may be required to replace, re-key, or reimburse the Government for replacement of locks or re-keying necessitated by Contractor employees losing keys. The Contractor shall not duplicate any Government-issued keys.

7.7.5. Any instances in which Government property is in any way damaged by a contract employee, a written report of the circumstances and extent of damage shall be submitted to the COR within 24 hours of occurrence.

7.7.6. The Contractor shall take necessary actions to protect his/her supplies, materials, and equipment and the personal property of contract employees from loss, damage, or theft.

Sections 8-12 Reserved

SECTION 13

REQUIRED STAFFING LEVELS AND PERSONNEL QUALIFICATIONS

13.1. GENERAL.

13.1.1. The Contractor shall ensure that employees providing services under this contract are able to read, write, and speak English fluently in order to effectively communicate with all personnel eligible for medical care at the MTF. Contractor employees shall have the ability to enunciate with sufficient clarity to be readily understood by patients and staff.

13.1.2. Contractor employees shall possess sufficient initiative, interpersonal relationship skills and social sensitivity such that they can relate constructively to a variety of patients and staff from diverse backgrounds.

13.1.3. It is essential that continuity of services be maintained to the maximum degree possible; hence, substitution of Contractor employees shall be kept to the absolute minimum necessary to perform the services required and to provide adequate back-up personnel.

13.1.4. The Contractor shall provide to the COR a staffing schedule for each month 45 days in advance of that month.

13.1.5. OCCUPATIONAL HEALTH.

13.1.5.1. Within 60 days prior to performance of services by the Contractor employees (CE), the CE shall obtain, at Contractor expense, documentation of required immunizations and physical testing, and a statement from the CE's physician or a report of a physical examination. The physical examination and immunization documentation shall indicate that the CE is free from mental or physical impairments that would restrict the CE from providing the services described herein. Attachment I details the necessary immunizations and physical examinations required. Attachment I shall be completed and signed by the Contractor employee's physician. The facility shall identify any incumbent CEs who are not required to complete this documentation after contract award. Declinations shall only be permitted based on either the CE's religious convictions or medical contraindications (as documented by a qualified healthcare provider). The Hepatitis B vaccine declination can be found on the World Wide Web at <http://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html>.

13.1.5.2. Except as provided in paragraph 13.1.5.3 below, or unless the CE is otherwise entitled to Government medical services (e.g., an eligible beneficiary), no medical tests or procedures required by the contract may be performed in the MTF. Expenses for all required tests and/or procedures shall be borne by the Contractor at no additional expense to the Government.

13.1.5.3. CE's shall agree to undergo personal health examinations and such other medical and dental examinations at any time during the term of this contract, as the Commanding Officer may deem necessary for preventive medicine, medical surveillance, performance improvement, or privileging purposes. These examinations will be provided by the Government. If the Contractor chooses, these examinations may be provided by private physician or dentist, at no expense to the Government (Reference BUMEDINST 5100.13F 19 Jun 2015 encl (3) para 3. NPSCs).

13.1.5.4. It is essential that CE's be vaccinated annually against influenza according to BUMED and CDC guidelines aimed at reducing the impact of influenza disease in health care settings. The Government will provide the influenza vaccine free of charge; if the CE chooses to be immunized by the Government, they shall sign a waiver in accordance with MTF rules and regulations. Alternately, the CE may obtain the vaccine at another facility, with the CE bearing the total cost, and provide proof of vaccination to the Government. If the CE declines vaccination, a signed declination form shall be provided to the Government in accordance with CDC recommendations and MTF policies (Reference NAVHOSPPNCLAINST 6230.5 06 Sep 2016).

13.1.5.5. CE's who do not show a positive antibody titer after immunization and appear to have a "non-immune"

status must report varicella exposure to the COR. In accordance with Centers for Disease Control Recommendations, such CE's may be removed from patient care duties beginning on the tenth day following exposure and remain away from work for the maximum incubation period of varicella (21 days). In this instance, personnel under this contract who accrue leave will be considered to be in a leave status; all other personnel must be replaced during this period to ensure maintenance of contractually required coverage.

13.1.5.6. On an annual basis, healthcare workers must provide a current Purified Protein Derivative (PPD) reading or an evaluation if they are a known PPD reactor. The Contractor is responsible for any expenses incurred for required testing (Reference.BUMEDINST 6224.8: Tuberculosis Control Program).

13.1.5.7. BLOODBORNE PATHOGEN ORIENTATION PROGRAM. CE's shall participate in the Command's Bloodborne Pathogen Orientation Program. The CE shall also participate in all required annual training and in periodic training for all procedures that have the potential for occupational exposure to bloodborne pathogens.

13.1.5.8. According to Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration(OSHA) standards.(Attachment II), all MTF personnel: military, civil service, and Contractor employees are classified as health care workers .

13.1.5.9. MANAGEMENT OF HIV POSITIVE CE's. HIV positive CE's will be managed in accordance with the current CDC guidelines and Section 503 of the Rehabilitation Act (29 U.S.C. Section 793) and its implementing regulations (41 CFR Part 60-741).

13.1.5.10. PREVENTION OF THE TRANSMISSION OF THE HIV VIRUS. CE's shall comply with the CDC's "Universal Precautions" for the prevention of the transmission of the HIV virus.

13.1.5.11. MANAGING THE CLINICAL RISK IN THE WORK ENVIRONMENT. The work environment inherently involves risks typically associated with the performance of support services provided in a Military Treatment Facility.

13.1.5.12 Health Protection Contingency Plan. Possess the ability to operate in austere environment at the following Health Protection levels when implemented by the Base Commander.

HPCON Level Purpose: Each HPCON corresponds to the increased risk from the spread of infectious diseases (viruses) representing elevated risks of morbidity and mortality. The Contractor must be postured to respond to the below HPCON levels.

- HPCON A - Limited: Health alert. Communicate risk and symptoms of health threat with employees;review plans and preparation.

- HPCON B - Moderate: Strict hygiene (no handshaking, wipe commonly used items). If exposed, have employees self-isolate. Maximize use of telework for eligible personnel.

- HPCON C - Substantial: Social distancing; limit or cancel in-person meetings, gatherings, temporary duty assignments.

HPCON D - Severe: Restriction of movement (quarantine), mass evacuation, mass decontamination. **Contractor services not required unless given direction from the KO.**

NOTE: The HPCON is in effect until further guidance from the Base Commander.

NMCARS 5237.102-90 Enterprise-wide Contractor Manpower Reporting Application (ECMRA)

(a) DoD contracting activities awarding or administering contracts shall incorporate the following Enterprise-wide Contractor Manpower Reporting Application (ECMRA) standard language into all contracts which include services, provided the organization that is receiving or benefiting from the contracted service is a Department of Defense

organization, including reimbursable appropriated funding sources from non-DoD executive agencies where the Defense Component requiring activity is the executive agent for the function performed. The reporting requirement does not apply to situations where a Defense Component is merely a contracting agent for another executive agency. Contracted services excluded from reporting are based on Product Service Codes (PSCs). The excluded PSCs are:

- (1) W, Lease/Rental of Equipment;
- (2) X, Lease/Rental of Facilities;
- (3) Y, Construction of Structures and Facilities;
- (4) D, Automatic Data Processing and Telecommunications, IT and Telecom- Telecommunications Transmission (D304) and Internet (D322) ONLY;
- (5) S, Utilities ONLY;
- (6) V, Freight and Shipping ONLY.

(b)The standard language to be inserted is:

“The contractor shall report contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Naval Hospital, Pensacola FL, via a secure data collection site. Contracted services excluded from reporting are based on Product Service Codes (PSCs). The excluded PSCs are:

- (1) W, Lease/Rental of Equipment;
- (2) X, Lease/Rental of Facilities;
- (3) Y, Construction of Structures and Facilities;
- (4) D, Automatic Data Processing and Telecommunications, IT and Telecom- Telecommunications Transmission (D304) and Internet (D322) ONLY;
- (5) S, Utilities ONLY;
- (6) V, Freight and Shipping ONLY.

The contractor is required to completely fill in all required data fields using the following web address
<https://doncmra.nmci.navy.mil>.

Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year. Contractors may direct questions to the help desk, linked at <https://doncmra.nmci.navy.mil>.

THE FOLLOWING NAVSUP LOCAL TEXT IS HEREBY MADE PART OF THE STATEMENT OF WORK/PERFORMANCE WORK STATEMENT.

SUPTXT204-9400(1-17) Contractor Unclassified Access to Federally Controlled Facilities, Sensitive Information, Information Technology (IT) Systems or Protected Health Information

The following shall be inserted in full text in all solicitations and contracts (including commercial acquisitions) which require contractor unclassified access to federally controlled facilities, sensitive information, IT systems or

protected health information. For commercial acquisitions, this text shall be incorporated into either the Statement of Work or Performance Work Statement.

Contractor Unclassified Access to Federally Controlled Facilities, Sensitive Information, Information Technology (IT) Systems or Protected Health Information

Homeland Security Presidential Directive (HSPD)-12, requires Government agencies to develop and implement Federal security standards for Federal employees and contractors. The Deputy Secretary of Defense Directive-Type Memorandum (DTM) 08-006 – “DoD Implementation of Homeland Security Presidential Directive – 12 (HSPD-12)” dated November 26, 2008 (or its subsequent DoD instruction) directs implementation of HSPD-12. This clause is in accordance with HSPD-12 and its implementing directives.

APPLICABILITY

This text applies to contractor employees requiring physical access to any area of a federally controlled base, facility or activity and/or requiring access to a DoN or DoD computer/network/system to perform certain unclassified sensitive duties. This clause also applies to contractor employees who access Privacy Act and Protected Health Information, provide support associated with fiduciary duties, or perform duties that have been identified as National Security Position, as advised by the command security manager. It is the responsibility of the responsible security officer of the command/facility where the work is performed to ensure compliance.

Each contractor employee providing services at a Navy Command under this contract is required to obtain a Department of Defense Common Access Card (DoD CAC). Additionally, depending on the level of computer/network access, the contract employee will require a successful investigation as detailed below.

ACCESS TO FEDERAL FACILITIES

Per HSPD-12 and implementing guidance, all contractor employees working at a federally controlled base, facility or activity under this clause will require a DoD CAC. When access to a base, facility or activity is required contractor employees shall in-process with the Command's Security Manager upon arrival to the Command and shall out-process prior to their departure at the completion of the individual's performance under the contract.

ACCESS TO DOD IT SYSTEMS

In accordance with SECNAV M-5510.30, contractor employees who require access to DoN or DoD networks are categorized as IT-I, IT-II, or IT-III. The IT-II level, defined in detail in SECNAV M-5510.30, includes positions which require access to information protected under the Privacy Act, to include Protected Health Information (PHI). All contractor employees under this contract who require access to Privacy Act protected information are therefore categorized no lower than IT-II. IT Levels are determined by the requiring activity's Command Information Assurance Manager.

Contractor employees requiring privileged or IT-I level access, (when specified by the terms of the contract) require a Single Scope Background Investigation (SSBI) or T5 or T5R equivalent investigation, which is a higher level investigation than the National Agency Check with Law and Credit (NACLC)/T3/T3R described below. Due to the privileged system access, an investigation suitable for High Risk national security positions is required. Individuals who have access to system control, monitoring, or administration functions (e.g. system administrator, database administrator) require training and certification to Information Assurance Technical Level 1, and must be trained and certified on the Operating System or Computing Environment they are required to maintain.

Access to sensitive IT systems is contingent upon a favorably adjudicated background investigation. When access to IT systems is required for performance of the contractor employee's duties, such employees shall in-process with the Navy Command's Security Manager and Information Assurance Manager upon arrival to the Navy command and shall out-process prior to their departure at the completion of the individual's performance under the contract. Completion and approval of a System Authorization Access Request Navy (SAAR-N) form is required for all individuals accessing Navy Information Technology resources. The decision to authorize access to a Government

IT system/network is inherently governmental. The contractor supervisor is not authorized to sign the SAAR-N; therefore, the Government employee with knowledge of the system/network access required or the COR shall sign the SAAR-N as the "supervisor".

The SAAR-N shall be forwarded to the Command's Security Manager at least 30 days prior to the individual's start date. Failure to provide the required documentation at least 30 days prior to the individual's start date may result in delaying the individual's start date.

When required to maintain access to required IT systems or networks, the contractor shall ensure that all employees requiring access complete annual Information Assurance (IA) training, and maintain a current requisite background investigation. The Contractor's Security Representative shall contact the Command Security Manager for guidance when reinvestigations are required.

INTERIM ACCESS

The Command's Security Manager may authorize issuance of a DoD CAC and interim access to a DoN or DoD unclassified computer/network upon a favorable review of the investigative questionnaire and advance favorable fingerprint results. When the results of the investigation are received and a favorable determination is not made, the contractor employee working on the contract under interim access will be denied access to the computer network and this denial will not relieve the contractor of his/her responsibility to perform.

DENIAL OR TERMINATION OF ACCESS

The potential consequences of any requirement under this clause including denial or termination of physical or system access in no way relieves the contractor from the requirement to execute performance under the contract within the timeframes specified in the contract. Contractors shall plan ahead in processing their employees and subcontractor employees. The contractor shall insert this clause in all subcontracts when the subcontractor is permitted to have unclassified access to a federally controlled facility, federally-controlled information system/network and/or to Government information, meaning information not authorized for public release.

CONTRACTOR'S SECURITY REPRESENTATIVE

The contractor shall designate an employee to serve as the Contractor's Security Representative. Within three work days after contract award, the contractor shall provide to the requiring activity's Security Manager and the Contracting Officer, in writing, the name, title, address and phone number for the Contractor's Security Representative. The Contractor's Security Representative shall be the primary point of contact on any security matter. The Contractor's Security Representative shall not be replaced or removed without prior notice to the Contracting Officer and Command Security Manager.

BACKGROUND INVESTIGATION REQUIREMENTS AND SECURITY APPROVAL PROCESS FOR CONTRACTORS ASSIGNED TO NATIONAL SECURITY POSITIONS OR PERFORMING SENSITIVE DUTIES

Navy security policy requires that all positions be given a sensitivity value based on level of risk factors to ensure appropriate protective measures are applied. Contractor employees under this contract are recognized as Non-Critical Sensitive [ADP/IT-II] positions when the contract scope of work require physical access to a federally controlled base, facility or activity and/or requiring access to a DoD computer/network, to perform unclassified sensitive duties. This designation is also applied to contractor employees who access Privacy Act and Protected Health Information (PHI), provide support associated with fiduciary duties, or perform duties that have been identified as National Security Positions. At a minimum, each contractor employee must be a US citizen and have a favorably completed NACLC or T3 or T3R equivalent investigation to obtain a favorable determination for assignment to a non-critical sensitive or IT-II position. The investigation consists of a standard NAC and a FBI fingerprint check plus law enforcement checks and credit check. Each contractor employee filling a non-critical sensitive or IT-II position is required to complete:

- SF-86 Questionnaire for National Security Positions (or equivalent OPM investigative product)
- Two FD-258 Applicant Fingerprint Cards (or an electronic fingerprint submission)
- Original Signed Release Statements

Failure to provide the required documentation at least 30 days prior to the individual's start date shall result in delaying the individual's start date. Background investigations shall be reinitiated as required to ensure investigations remain current (not older than 10 years) throughout the contract performance period. The Contractor's Security Representative shall contact the Command Security Manager for guidance when reinvestigations are required.

Regardless of their duties or IT access requirements ALL contractor employees shall in-process with the Command's Security Manager upon arrival to the command and shall out-process prior to their departure at the completion of the individual's performance under the contract. Employees requiring IT access shall also check-in and check-out with the Navy Command's Information Assurance Manager. Completion and approval of a System Authorization Access Request Navy (SAAR-N) form is required for all individuals accessing Navy Information Technology resources. The SAAR-N shall be forwarded to the Navy Command's Security Manager at least 30 days prior to the individual's start date. Failure to provide the required documentation at least 30 days prior to the individual's start date shall result in delaying the individual's start date.

The contractor shall ensure that each contract employee requiring access to IT systems or networks complete annual Information Assurance (IA) training, and maintain a current requisite background investigation. Contractor employees shall accurately complete the required investigative forms prior to submission to the Command Security Manager. The Command's Security Manager will review the submitted documentation for completeness prior to submitting it to the Office of Personnel Management (OPM); Potential suitability or security issues identified may render the contractor employee ineligible for the assignment. An unfavorable determination is final (subject to SF-86 appeal procedures) and such a determination does not relieve the contractor from meeting any contractual obligation under the contract. The Command's Security Manager will forward the required forms to OPM for processing. Once the investigation is complete, the results will be forwarded by OPM to the DoD Central Adjudication Facility (CAF) for a determination.

If the contractor employee already possesses a current favorably adjudicated investigation, the contractor shall submit a Visit Authorization Request (VAR) via the Joint Personnel Adjudication System (JPAS) or a hard copy VAR directly from the contractor's Security Representative. Although the contractor will take JPAS "Owning" role over the contractor employee, the Command will take JPAS "Servicing" role over the contractor employee during the hiring process and for the duration of assignment under that contract. The contractor shall include the IT Position Category per SECNAV M-5510.30 for each employee designated on a VAR. The VAR requires annual renewal for the duration of the employee's performance under the contract.

BACKGROUND INVESTIGATION REQUIREMENTS AND SECURITY APPROVAL PROCESS FOR CONTRACTORS ASSIGNED TO OR PERFORMING NON-SENSITIVE DUTIES

Contractor employee whose work is unclassified and non-sensitive (e.g., performing certain duties such as lawn maintenance, vendor services, etc. ...) and who require physical access to publicly accessible areas to perform those duties shall meet the following minimum requirements:

- Must be either a US citizen or a US permanent resident with a minimum of 3 years legal residency in the United States (as required by The Deputy Secretary of Defense DTM 08-006 or its subsequent DoD instruction) and
- Must have a favorably completed National Agency Check with Written Inquiries (NACI) or T1 investigation equivalent including a FBI fingerprint check prior to installation access.

To be considered for a favorable trustworthiness determination, the Contractor's Security Representative must submit for all employees each of the following:

- SF-85 Questionnaire for Non-Sensitive Positions

- Two FD-258 Applicant Fingerprint Cards (or an electronic fingerprint submission)
- Original Signed Release Statements

The contractor shall ensure each individual employee has a current favorably completed National Agency Check with Written Inquiries (NACI) or T1 equivalent investigation, or ensure successful FBI fingerprint results have been gained and investigation has been processed with OPM

Failure to provide the required documentation at least 30 days prior to the individual's start date may result in delaying the individual's start date.

* Consult with your Command Security Manager and Information Assurance Manager for local policy when IT-III (non-sensitive) access is required for non-US citizens outside the United States.

1. **Navy Commercial Access Control System (NCACS):** The Contractor shall ensure that employees have access to the military installation covered under the NCACS. Commander, Navy Installations Command (CNIC), has established the NCACS, a standardized process for granting unescorted access privileges to vendors, Contractors, suppliers, and service providers not otherwise entitled to the issuance of Department of Defense Common Access Card (DoD CAC) who seeks access to and can provide justification to enter Navy installations and facilities. Visiting vendors may obtain daily passes directly from the individual Navy Installations by submitting identification credentials for verification and undergoing a criminal screening/background check. Alternatively, if the vendor so chooses, it may voluntarily elect to obtain long-term credentials through enrollment, registration, background vetting, screening, issuance of credentials, and electronic validation of credentials at the vendor's own cost through a designated independent Contractor NCACS service provider. Credentials will be issued every five years and access privileges shall be reviewed/renewed on an annual basis. The costs incurred to obtain Navy Installation access of any kind are not reimbursable, and the price(s) paid for obtaining long-term NCACS credentials will not be approved as a direct cost of this contract. You can access additional information by calling 1-877-727-4342 or go online to <http://rapidgate.com>.

2. **Defense Biometric Identification System (DBIDS)**

The Defense Biometric Identification System (DBIDS) is a DoD-owned and operated system developed by Defense Manpower Data Center as a force protection program to manage personnel identity and access at DoD installations. DBIDS is a network database system designed to easily verify access authorization of personnel entering military installations by using barcodes and fingerprint biometric identifications.

To improve management and force protection at Navy installations, the Navy is transitioning from using the Navy Commercial Access Control System (NCACS) to the Defense Biometric Identification System (DBIDS) for contractors and vendors requiring access to an installation at no cost to them. The transition will begin 17 April and individuals will have up to 180 days to obtain the permanent card. After August 14, 2017, NCACS cards will no longer be accepted.

In order to obtain base access, an individual needs to acquire DoD sponsorship, have a thorough identity check, be properly vetted, and have a legitimate reason for base access. Identity checks require a passport or a Real ID Act-compliant state driver's license. Vetting occurs when the individual's background and ID are compared against authoritative criminal justice data bases, and the individual has a letter or official document from the sponsoring organization which articulates the reason for access. When the above criteria are satisfactorily met, DBIDS credentials are issued.

NCACS cardholders will have 120 days from April 17, 2017 to obtain a temporary DBIDS paper pass. After the applicant obtains their DBIDS paper pass, they will have an additional 180 days to obtain an actual DBIDS card at no cost. Those requesting new access onto installations will receive the DBIDS card at the same time they are initially approved for access. After August 14, 2017, NCACS cards will no longer be accepted for installation access.

For more information <https://www.cnmc.navy.mil/om/dbids.html>

Requirements for eOIP investigation submission**PERSON SUMMARY:****Last Name:** _____**First Name:** _____**Middle Name:** _____**Full SSN:** _____**Date of Birth:** _____**City of Birth:** _____**State of Birth:** _____**Country of Citizenship:** _____**Marital Status:** _____**Position of Employment:** _____**Location of Employment** _____**CONTACT INFORMATION:****Telephone:** _____**E-Mail:** _____**Contractor POC for clearance purposes:** _____**GIVEN TO SECURITY MANAGER'S OFFICE Date:** _____**Security office Use Only****eOIP initiated date:** _____ **eOIP release date:** _____**Fingerprints submitted date:** _____ **Mailed:** _____ **Electronic:** _____**SAC closed date:** _____**Temporary Access date:** _____

ATTACHMENT I**PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION****HIPAA****PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION**

(a) Definitions. As used in this clause:

Individual has the same meaning as the term "individual" in 45 CFR 164.501 and 164.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

Protected Health Information has the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by The Contractor from or on behalf of The Government.

Required by Law has the same meaning as the term "required by law" in 45 CFR 164.501 and 164.103.

Secretary means the Secretary of the Department of Health and Human Services or his/her designee.

Security Rule means the Health Insurance Reform: Security Standards at 45 CFR part 160, 162 and part 164, subpart C.

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR 160.103, 164.501 and 164.304.

(b) The Contractor agrees to not use or further disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.

(c) The Contractor agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.

(d) The Contractor agrees to use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits in the execution of this Contract.

(e) The Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of Protected Health Information by the Contractor in violation of the requirements of this Contract.

(f) The Contractor agrees to report to the Government any security incident involving protected health information of which it becomes aware.

(g) The Contractor agrees to report to the Government any use or disclosure of the Protected Health Information not provided for by this Contract.

(h) The Contractor agrees to ensure that any agent, including a subContractor, to whom it provides Protected Health Information received from, or created or received by the Contractor on behalf of the Government, agrees to the same restrictions and conditions that apply through this Contract to the Contractor with respect to such information.

(i) The Contractor agrees to ensure that any agent, including a subContractor, to whom it provides electronic Protected Health Information, agrees to implement reasonable and appropriate safeguards to protect it (j) The Contractor agrees to provide access, at the request of the Government, and in the time and manner designated by the Government to Protected Health Information in a Designated Record Set, to the Government or, as directed by the Government, to an Individual in order to meet the requirements under 45 CFR 164.524.

(k) The Contractor agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526 at the request of the Government or an Individual, and in the time and manner designated by the Government.

(l) The Contractor agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of, the Government, available to the Government, or at the request of the Government to the Secretary, in a time and manner designated by the Government or the Secretary, for purposes of the Secretary determining the Government's compliance with the Privacy Rule.

(m) The Contractor agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(n) The Contractor agrees to provide to the Government or an Individual, in time and manner designated by the Government, information collected in accordance with this Clause of the Contract, to permit the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, the Contractor may use or disclose Protected Health Information on behalf of, or to provide services to, the Government for the following purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule, the Security Rule or the Department of Defense Health Information Privacy Regulation if done by the Government: [List Purposes].

Specific Use and Disclosure Provisions

(a) Except as otherwise limited in this Agreement, the Contractor may use Protected Health Information for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor.

(b) Except as otherwise limited in this Agreement, the Contractor may disclose Protected Health Information for the proper management and administration of the Contractor, provided that disclosures are required by law, or the Contractor obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in this Agreement, the Contractor may use Protected Health Information to provide Data Aggregation services to the Government as permitted by 45 CFR 164.504(e)(2)(i)(B).

(d) Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

Obligations of the Government

Provisions for the Government to Inform the Contractor of Privacy Practices and Restrictions

(a) Upon request the Government shall provide the Contractor with the notice of privacy practices that the Government produces in accordance with 45 CFR 164.520, as well as any changes to such notice.

(b) The Government shall provide the Contractor with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect the Contractor's permitted or required uses and disclosures.

(c) The Government shall notify the Contractor of any restriction to the use or disclosure of Protected Health Information that the Government has agreed to in accordance with 45 CFR 164.522.

Permissible Requests by the Government

The Government shall not request the Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Government, except for providing Data Aggregation services to the Government and for management and administrative activities of the Contractor as otherwise permitted by this clause.

Termination

(a) Termination. A breach by the Contractor of this clause, may subject the Contractor to termination under any applicable default or termination provision of this Contract.

(b) Effect of Termination.

(1) If this contract has records management requirements, the records subject to the Clause should be handled in accordance with the records management requirements. If this contract does not have records management requirements, the records should be handled in accordance with paragraphs (2) and (3) below

(2) If this contract does not have records management requirements, except as provided in paragraph (3) of this section, upon termination of this Contract, for any reason, the Contractor shall return or destroy all Protected Health Information received from the Government, or created or received by the Contractor on behalf of the Government. This provision shall apply to Protected Health Information that is in the possession of subContractors or agents of the Contractor. The Contractor shall retain no copies of the Protected Health Information.

(3) If this contract does not have records management provisions and the Contractor determines that returning or destroying the Protected Health Information is infeasible, the Contractor shall provide to the Government notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Government and the Contractor that return or destruction of Protected Health Information is infeasible, the Contractor shall extend the protections of this Contract to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Contractor maintains such Protected Health Information.

Miscellaneous

(a) Regulatory References. A reference in this Clause to a section in the Privacy Rule or Security Rule means the section as in effect or as amended, and for which compliance is required.

(b) Survival. The respective rights and obligations of Business Associate under the "Effect of Termination" provision of this Clause shall survive the termination of this Contract.

(c) Interpretation. Any ambiguity in this Clause shall be resolved in favor of a meaning that permits the Government to comply with the Privacy Rule or Security Rule.

HEALTH EXAMINATION AND IMMUNIZATION/SCREENING REQUIREMENTS

AFTER contract award, but prior to performing services, the contract healthcare worker (CE) must have this form completed by a licensed medical practitioner.

All CE's providing services under this contract must meet the requirements specified under the "Health Care Worker Screening Requirements" column of this form.*

COPIES of LABORATORY RESULTS, RELATED MEDICAL HISTORY, AND IMMUNIZATION RECORDS MUST BE ATTACHED TO THIS FORM

IMMUNIZATION	HEALTH CARE WORKER SCREENING REQUIREMENTS	RESULTS (to be completed by examining licensed practitioner)	
VARICELLA (CHICKENPOX)	EITHER Physician documented history of varicella (chickenpox/herpes zoster) disease,	Date diagnosed: / / Physician/Clinic Name:	
	OR , Documented Varicella vaccines (2-doses)	Dates of Vaccines: 1. / / 2. / /	
	OR , POSITIVE Varicella IgG titer	Titer Results: Date: / /	
	For NEGATIVE Varicella Titer: Varicella vaccine (2-doses series) is REQUIRED	Dates of Vaccines: 1. / / 2. / /	
MEASLES/ MUMPS/ RUBELLA (MMR)	EITHER Documented MMR vaccines (2-doses)	Dates of Vaccines: 1. / / 2. / /	
	OR , POSITIVE Titers for Rubeola, Mumps, and Rubella (within the last 10 years)	Rubeola Titer Results: Date: / / Mumps Titer Results: Date: / / Rubella Titer Results: Date: / /	
	For NEGATIVE Rubeola, Mumps, and/or Rubella Titer(s): MMR vaccine BOOSTER is REQUIRED, AND Repeat Previous NEGATIVE Titer(s)	Date of Vaccine Booster: / /	Titer Repeated: Date: / / Results:
HEPATITIS B* NOTE: HEP B REQUIRED ONLY for CE'S with POTENTIAL CONTACT TO BLOOD AND/OR BODY FLUIDS	Documented Hepatitis B Vaccine (3-Dose Series)	Vaccine Series: 1. / / 2. / / 3. / /	
	OR , POSITIVE Hepatitis B Titer (HBsAb), (within the last 10 years)	Titer Results: Date: / /	
	For NEGATIVE Hepatitis B Titer (HBsAb) Titer: Repeat Hepatitis B Vaccine (3-Dose Series); AND Repeat HBsAb titer.	Date of Repeat Vaccine Series: 1. / / 2. / / 3. / /	Titer Results: Date: / /
TETANUS/ DIPHTHERIA/ PERTUSSIS	Tetanus/Diphtheria/Pertussis (Tdap) (within the last 10 years)	Date of Tdap Vaccine: / /	
TUBERCULOSIS SCREENING	Documented Two step Tuberculin Skin Test (TST) given (7 – 18 DAYS) apart in opposite arms. NOTE: Two step results that are greater than 1 year-to date, MUST ALSO INCLUDE documentation of consecutive annual TST or Blood Assay for	1 st step Placed: / / to R / L Arm (circle one) Read: / / Results: ____mm 2 nd step Placed: / /	

NOTE: MOST RECENT TB SCREENING TEST, RESULT, or EVALUATION MUST BE LESS THAN 1 YEAR FROM THE DATE OF THIS EXAM.	Mycobacterium Tuberculosis (BAMT) results. If there is any lapse in consecutive annual testing, the TST Two Step MUST BE REPEATED .	to R / L Arm (circle one) Read: / / Results: _____mm	
	If TST is greater than 1 year-to date, Either, Documented Annual TST(s) from initial two step – to current** year:	Placed: / / to R / L Arm (circle one) Read: / / Results: _____mm	
	OR, Documented Blood Assay for Mycobacterium Tuberculosis (BAMT) from initial two step – to current** year:	BAMT Results: Date: / /	
	NOTE: If previous documented history of TST Reactor: Current** Annual evaluation and (at minimum biennial) chest-x-ray are required. Year reacted/converted: _____ Prophylactic Tx Initiated: Y / N Date Tx Completed: / /	Annual Evaluation: Date: / /	CXR Date: / / Results:
INFLUENZA	Seasonal*** Influenza Vaccine (***) Seasonal (per CDC): 1 October – 30 March)	Date of Influenza Vaccine: / /	
LATEX	Latex sensitivity screening questionnaire completed (page 2)	Date of evaluation: / / Results: Sensitive Not sensitive	
Any repeat Negative titer which indicates non-conversion of vaccine immunity requires documentation of follow-up medical evaluation and written medical provider counseling regarding implications of non-response.			

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The facility will identify any **incumbent** CE's who is not required to complete this documentation.**HEALTH EXAMINATION AND IMMUNIZATION/SCREENING REQUIREMENTS**

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT (Title and Number)		ISSUANCE DATE	
LOCAL FORM TITLE (Optional)			
Name: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Department: _____			
Position: _____		Duty-Telephone: _____	
(NOTE: Allergic symptoms may include sneezing, runny nose, hand rash, wheezing, eczema, hives, hypotension, anaphylaxis, etc)			
1. Do you have regular contact with latex gloves or other rubber products? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you have any allergic symptoms after eating any of the following?			
Avocado <input type="checkbox"/> Yes <input type="checkbox"/> No		Banana <input type="checkbox"/> Yes <input type="checkbox"/> No	
Potato <input type="checkbox"/> Yes <input type="checkbox"/> No		Kiwi <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tomato <input type="checkbox"/> Yes <input type="checkbox"/> No		Chestnut <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you allergic to any other plants? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____			
4. Have you ever had any side effects or allergic symptoms associated with exposure to latex gloves or any other product containing rubber or latex (e.g., balloons, condoms)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____			
5. Have you ever had frequent dental procedures or any medical condition or problem that resulted in multiple operations or chronic medical instrumentation, such as urinary catheterization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Have you ever experienced hay fever, eczema, or contact dermatitis as a result of exposure to latex or latex containing products? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____			
7. Have you ever experienced anaphylaxis, hives, or symptoms of asthma as a result of exposure to latex or latex containing products? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify: _____			
8. Have you ever experienced any allergic reaction to anything not included in any of the questions above? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, specify cause if known: _____			
PRACTITIONER'S NAME		PRACTITIONER'S SIGNATURE	
DATE		HOSPITAL OR MEDICAL FACILITY	
STATUS		DEPARTMENT / SERVICE	
RECORDS MAINTAINED AT		SPONSOR'S NAME	
SSN		RELATIONSHIP TO SPONSOR	

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_____ [Name of Contract CE] has presented for a physical examination. He/She is applying for the position of _____ [Please enter job title]. He/She was examined on _____

_____ [Date] and found to be in good health, meeting the immunization/ screening requirements above.

Provider's Signature: _____

Facility Name: _____

Provider's Name: _____

Facility Address: _____

Date: _____

Phone Number: _____

The facility will identify any **incumbent** CEs who is not required to complete this documentation.

ATTACHMENT II

Occupational Safety and Health Administration

State Legislation

Healthcare workers (HCWs) are occupationally exposed to a variety of infectious diseases during the performance of their duties. The delivery of healthcare services requires a broad range of workers, such as physicians, nurses, technicians, clinical laboratory workers, first responders, building maintenance, security and administrative personnel, social workers, food service, housekeeping, and mortuary personnel. Moreover, these workers can be found in a variety of workplace settings, including hospitals, nursing care facilities, outpatient clinics (e.g., medical and dental offices, and occupational health clinics), ambulatory care centers, and emergency response settings. The diversity among HCWs and their workplaces makes occupational exposure to infectious diseases especially challenging. For example, not all workers in the same healthcare facility, not all individuals with the same job title, and not all healthcare facilities will be at equal risk of occupational exposure to infectious agents.

The primary routes of infectious disease transmission in U.S. healthcare settings are contact, droplet, and airborne. Contact transmission can be sub-divided into direct and indirect contact. Direct contact transmission involves the transfer of infectious agents to a susceptible individual through physical contact with an infected individual (e.g., direct skin-to-skin contact). Indirect contact transmission occurs when infectious agents are transferred to a susceptible individual when the individual makes physical contact with contaminated items and surfaces (e.g., door knobs, patient-care instruments or equipment, bed rails, examination table). Two examples of contact transmissible infectious agents include Methicillin-resistant *Staphylococcus aureus* (MRSA) and Vancomycin-resistant enterococcus (VRE).

Droplets containing infectious agents are generated when an infected person coughs, sneezes, or talks, or during certain medical procedures, such as suctioning or endotracheal intubation. Transmission occurs when droplets generated in this way come into direct contact with the mucosal surfaces of the eyes, nose, or mouth of a susceptible individual. Droplets are too large to be airborne for long periods of time, and droplet transmission does not occur through the air over long distances. Two examples of droplet transmissible infectious agents are the influenza virus which causes the seasonal flu and *Bordetella pertussis* which causes pertussis (i.e., whooping cough).

Airborne transmission occurs through very small particles or droplet nuclei that contain infectious agents and can remain suspended in air for extended periods of time. When they are inhaled by a susceptible individual, they enter the respiratory tract and can cause infection. Since air currents can disperse these particles or droplet nuclei over long distances, airborne transmission does not require face-to-face contact with an infected individual. Airborne transmission only occurs with infectious agents that are capable of surviving and retaining infectivity for relatively long periods of time in airborne particles or droplet nuclei. Only a limited number of diseases are transmissible via the airborne route. Two examples of airborne transmissible agents include *Mycobacterium tuberculosis* which causes tuberculosis (TB) and the rubella virus which causes measles.

Several OSHA standards and directives are directly applicable to protecting workers against transmission of infectious agents. These include OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) which provides protection of workers from exposures to blood and body fluids that may contain bloodborne infectious agents; OSHA's Personal Protective Equipment standard (29 CFR 1910.132) and Respiratory Protection standard (29 CFR 1910.134) which provide protection for workers when exposed to contact, droplet and airborne transmissible infectious agents; and OSHA's TB compliance directive which protects workers against exposure to TB through enforcement of existing applicable OSHA standards and the General Duty Clause of the OSH Act.

CDC Guidelines

Below is an abbreviated list of CDC resources available to assist HCWs in assessing and reducing their risks for occupational exposure to infectious diseases.

- Hand Hygiene in Healthcare Settings. This web page provides HCWs and patients with a variety of resources including guidelines for providers, patient empowerment materials, the latest technological advances in hand hygiene adherence measurement, frequently asked questions, and links to promotional and educational tools published by the World Health Organization (WHO), universities, and health departments.
- Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care. This document is a summary guide of infection prevention recommendations for outpatient (ambulatory care) settings.
- Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. This document presents evidence-based recommendations on the preferred methods for cleaning, disinfection and sterilization of patient-care medical devices and for cleaning and disinfecting the healthcare environment. This document supersedes the relevant sections contained in the 1985 Centers for Disease Control and Prevention (CDC) Guideline for Handwashing and Environmental Control.
- 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. This document is intended for use by infection control (IC) staff, healthcare epidemiologists, healthcare administrators, nurses, other healthcare providers, and persons responsible for developing, implementing, and evaluating IC programs for healthcare settings across the continuum of care.
- Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006. All healthcare settings are affected by the emergence and transmission of antimicrobial-resistant microbes. These guidelines provide information for the prevention of transmission of Multidrug Resistant Organisms (MDROs).
- Guidelines for Environmental Infection Control in Health-Care Facilities. (June 6, 2003). This web page provides guidelines, recommendations and strategies for preventing environment-associated infections in healthcare facilities.
- Guideline for Infection Control in Health Care Personnel, 1998. These guidelines address infection control procedures to protect workers from occupational exposure to infectious agents.
- Healthcare Workers. National Institute for Occupational Safety and Health (NIOSH) Workplace Safety and Health Topic. Healthcare is the fastest-growing sector of the U.S. economy, employing over 18 million workers. Women represent nearly 80% of this work force. Healthcare workers face a wide range of hazards on the job, including needlestick injuries, back injuries, latex allergy, violence, and stress.
- Eye Safety – Eye Protection for Infection Control. National Institute for Occupational Safety and Health (NIOSH) Workplace Safety and Health Topic. NIOSH recommends eye protection for a variety of potential exposure settings where workers may be at risk of acquiring infectious diseases via ocular exposure.

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>)

(End of Summary of Changes)